



CHILDREN'S ADMINISTRATION
FOSTER HOME PLACEMENT EVALUATION

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|--------------------|--------------------|
| DCFS OFFICE | DATE OF EVALUATION |
| NAME OF HOME | FULL CASE NUMBER |
| ADDRESS/DIRECTIONS | TELEPHONE NUMBER |
| NAME OF CHILD | FULL CASE NUMBER |

| | | | |
|--------------|-----|----------------|--------------|
| 1. BIRTHDATE | SEX | 2. DATE PLACED | DATE REMOVED |
|--------------|-----|----------------|--------------|

3. Reason for Removal:

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|---|------------------|
| 4. Number of Contacts with Foster Parents HV _____ OV _____ | TELEPHONE NUMBER |
|---|------------------|

5. Type of child problems presented by the child:

6. What was the working agreement with the foster parents?

7. Were the goals for the child accomplished?

8. Ability to meet the child's needs:

9. Ability to accept natural parents:

10. Ability to work with the agency:

11. Natural children's acceptance:

12. Strengths and potential of foster home:

13. Limitations of and help needed by the foster parents:

14. Recommendations for future use and comments:

WORKER'S SIGNATURE

CLASSIFICATION

UNIT

DATE